

Prevention and Chronic Disease An Overview



Roderick L. Bremby
Secretary

Kansas Department of Health and Environment

Our Vision – Healthier Kansans living in safe and sustainable environments.

Prevention and Chronic Disease Overview

Scope

Strategies

Proposals

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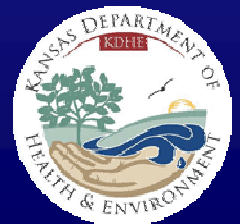
Scope

Cost

Coverage

Containment

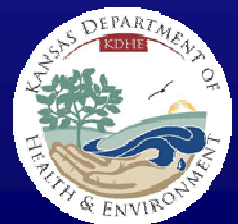
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Scope: Problem Statement

We spend nearly **twice** as much
for health care as any other nation,
but we are among the **sickest** people
in the industrialized world.

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Scope: U.S. Healthcare Costs

- 1980 - \$ 253B or \$ 1,102 per person
- 2001 - \$1.46T or \$ 5,148 per person
- 2002 - \$1.60T or \$ 5,317 per person
- 2003 - \$1.73T or \$ 5,952 per person
- 2004 - \$1.85T or \$ 6,322 per person
- 2005 - \$1.98T or \$ 6,697 per person
- **2015 - \$3.87T or \$12,062 per person**

Centers for Medicare and Medicaid Services

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Scope: U.S. Healthcare Costs



Overflowing Sink
Digital C. Print, 2002
40" x 49"
edition of 6 / 2 AP
Carlos and Jason Sanchez

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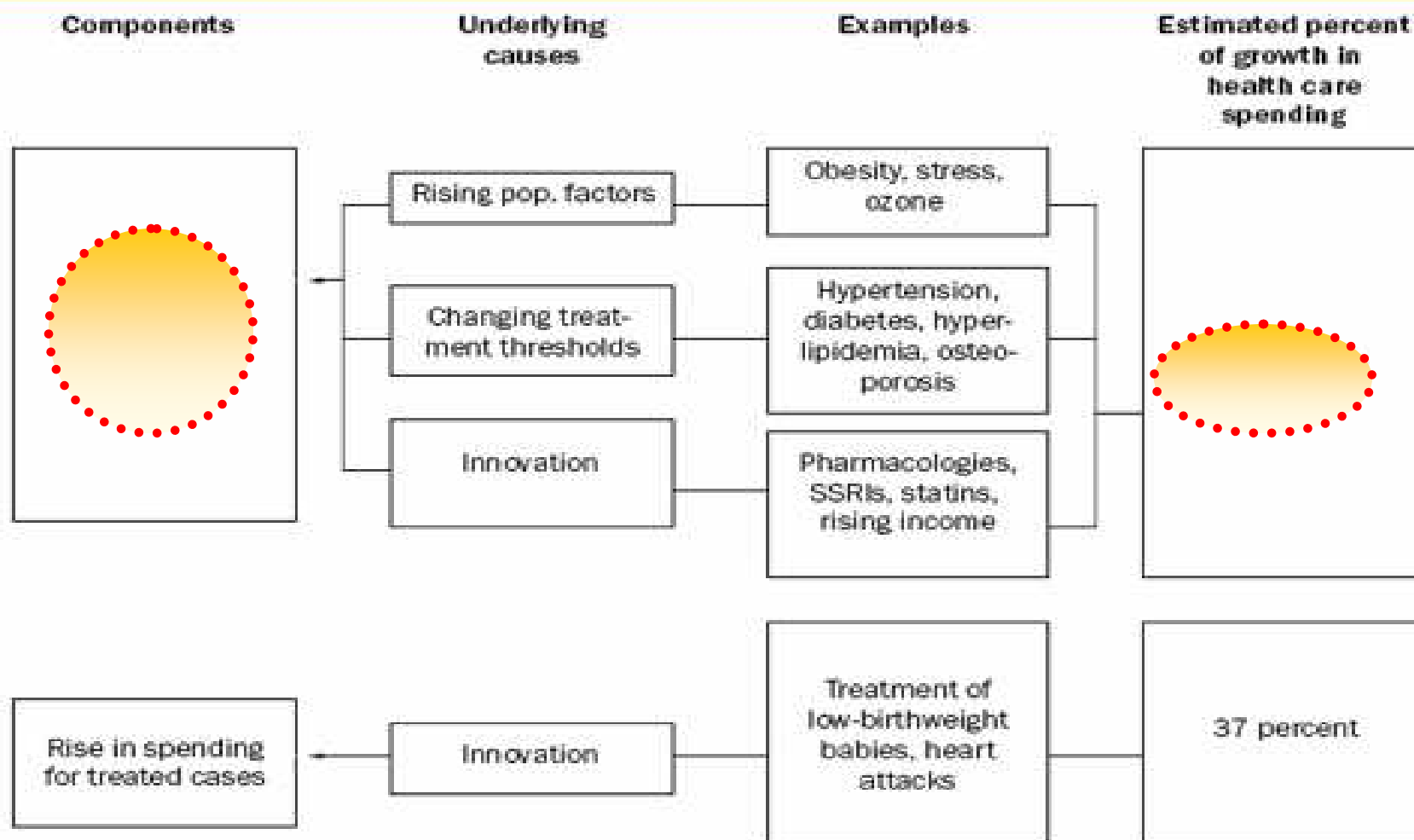




Scope: Cause of Increased Costs

Medscape®

www.medscape.com



Aging Population –

- 1900 – 3 million Americans 65 years or older
1 in 25 Americans
- 2005 – 35 million Americans 65 years or older
1 in 8 Americans
- 2030 – 71 million (proj.) Americans 65 yrs or older; 10 million 85 yrs or older

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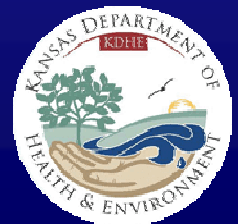


Scope: Cost of Chronic Disease

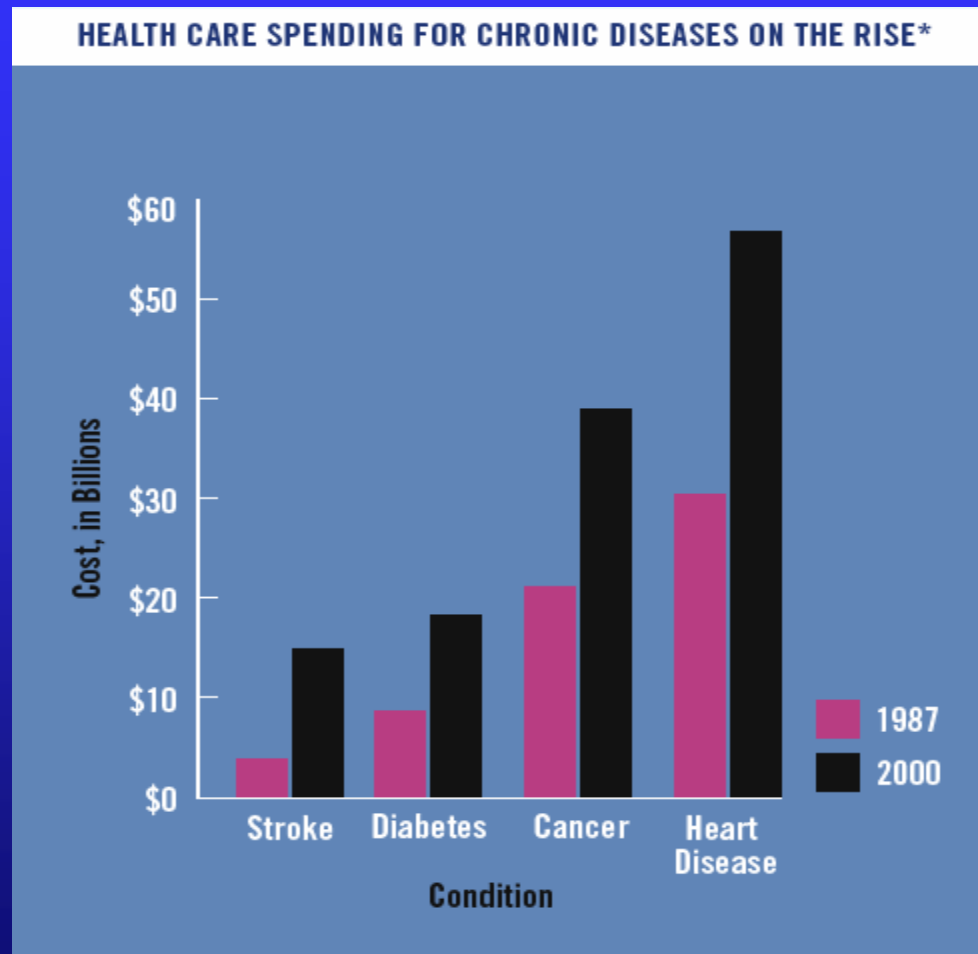
75% of national health care costs are expended to treat chronic diseases.

KS – 2004 chronic disease cost estimate - \$10.7 billion.

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Scope: Cost of Chronic Disease



*Data Source: 1987 National Medical Expenditure Survey (NMES) and 2000 Medical Expenditure Panel Survey, Household Component (MEPS-HC). In: Thorpe KE, Florence CS, Joski P. Which medical conditions account for the rise in health care spending? *Health Aff.* 2004 August 25; [epub ahead of print].

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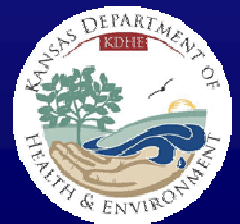


Scope: Cost Allocation

30% of people account for **90%** of health care costs.

1% of people account for 30% of health care costs.

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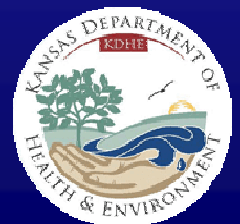


Scope: Problem Statement

We are not focused on health outcomes.

- U.S. Health Status – 49th out of 50 industrialized nations (W.H.O.)
- Age adjusted mortality rate for women – 31st below Slovenia and Costa Rica (World Bank)
- Infant mortality – 26th twice the rate of Singapore; tied with Croatia and Cuba (World Bank)

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WHO - U.S. Health Outcomes (2001)

	Life expectancy at birth	Life expectancy at age 60	Healthy years remaining at age 60	Average years spent in poor health	% of total life expectancy spent in poor health
Australia	79.7	83.3	17.6	8.4	10.5%
Austria	78.6	82.4	17.1	7.9	10.1%
Belgium	78.0	81.8	16.3	8.3	10.6%
Canada	79.7	82.5	16.6	9.4	11.8%
France	79.2	83.1	17.6	8.1	10.2%
Germany	78.5	81.6	16.4	7.9	10.0%
Italy	79.8	82.3	16.9	8.2	10.2%
Japan	81.5	84.2	18.9	7.7	9.4%
Netherlands	78.3	81.4	16.2	8.4	10.7%
Spain	79.3	82.4	16.7	8.1	10.2%
Sweden	79.9	82.7	17.5	8.2	10.2%
Switzerland	80.2	82.3	18.8	7.3	9.1%
U.K.	78.1	81.0	16.0	7.8	10.0%
USA	77.1	81.6		9.4	

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Child / Mother Health Outcomes

	Infant mortality rate (<1 yr)	Child mortality rate (<5 yr)	Maternal deaths/100,000 births	% of newborns with low birthweight
Australia	5.3	6.2	8	7%
Austria	4.8	5.7	4	7%
Belgium	4.5	6	10	8%
Canada	5.2	6	6	6%
France	4.5	5.5	17	7%
Germany	4.3	5.3	8	7%
Italy	4.7	5.6	5	6%
Japan	3.1	4.5	10	8%
Netherlands	5.4	6.3	16	na
Spain	3.5	5.5	4	6%
Sweden	3.7	3.9	2	4%
Switzerland	5	5.8	7	6%
U.K.	5.5	6.9	13	8%
USA				8%

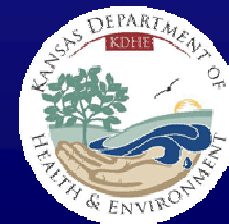
OCED – (2001)

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Kansas Health Outcomes

- Expenditures per capita 22nd
- Infant mortality 27th
- Age-adjusted death rates 21st
- YPLL from cancer 18th
- YPLL from heart disease 19th
- YPLL from all causes 22nd
- Physicians per capita 37th
- Hospital beds per capita 8th
- State health ranking 17th

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Scope

Cost

Coverage

Containment

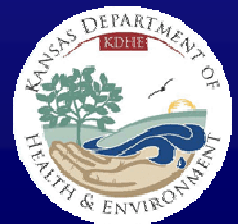
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Scope – U.S. Coverage

- 1980 – \$253B or \$ 1,102 per person
25 Million uninsured
- 2005 - \$1.98T or \$ 6,697 per person
47 Million uninsured
- DeNavas-Walt, C.B. Proctor, and C.H. Lee. [Income, Poverty, and Health Insurance Coverage in the United States: 2005](#). U.S. Census Bureau., August 2006.

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Scope: State Coverage

300,000 Kansans uninsured

95% live in a home where someone works

- 40,000 Kansas Children – HealthWave
- 30,000 low-wage working parents

(37% FPL - \$7,000 family of four to
100% FPL - \$17,000 family of four)

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Strategies

Cost
Coverage
Containment

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Strategy - Prevention

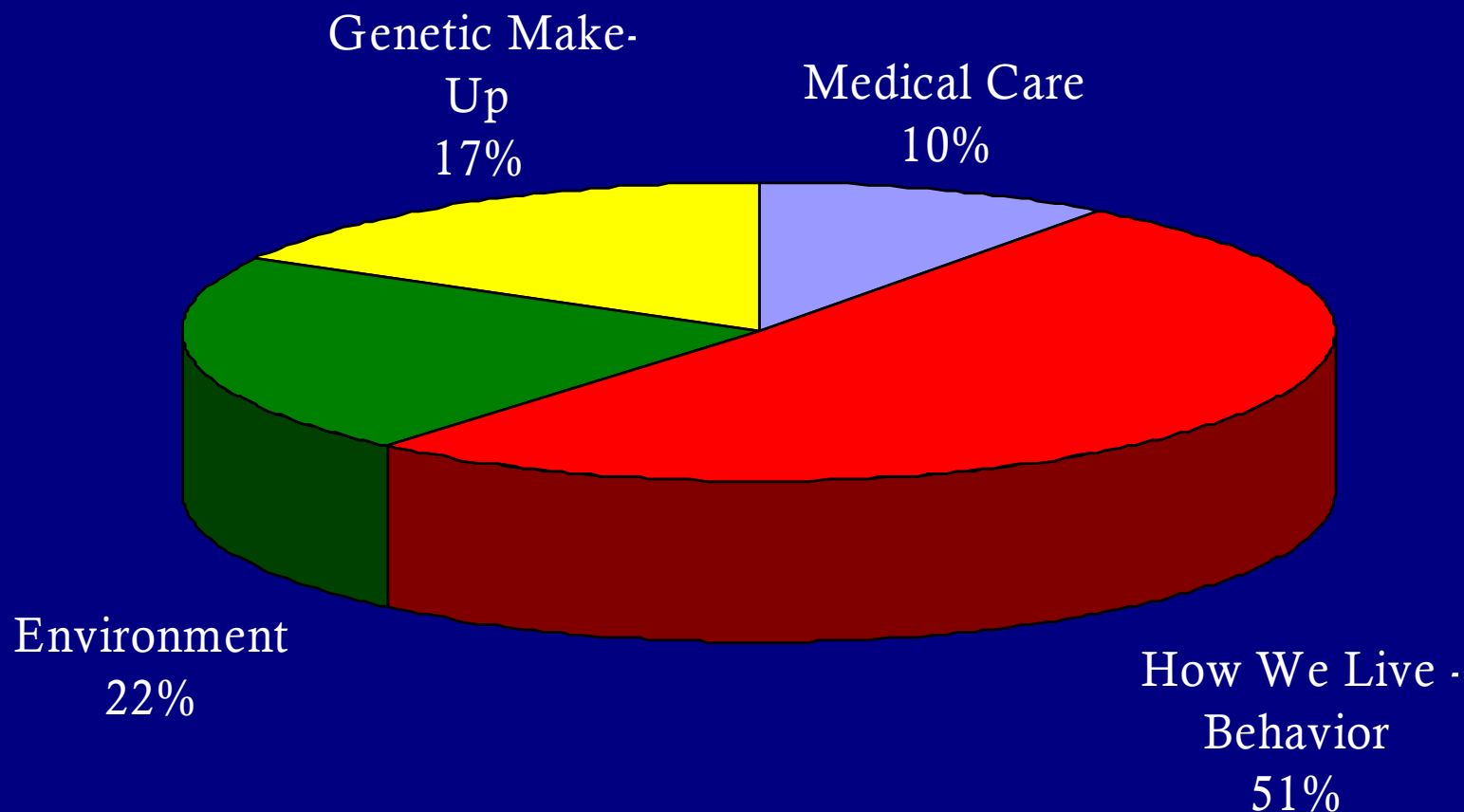
“The function of protecting and developing health must rank even **above** that of restoring it when it is impaired.”

- Hippocrates

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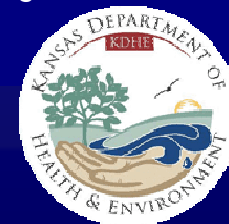


Health Factors



Source: USDHEW, PHS, CDC. "Ten Leading Causes of Death in US 1975."
Atlanta, GA, Bureau of State Services, Health Analysis & Planning
for Preventive Services, p 35, 1978

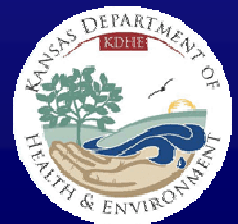
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20th Century – U.S. life expectancy
increased by 35 years

- o 5 years attributed to advances in clinical medicine
- o 30 years attributed to public health (i.e., improvements in sanitation, health education, the development of effective vaccines)

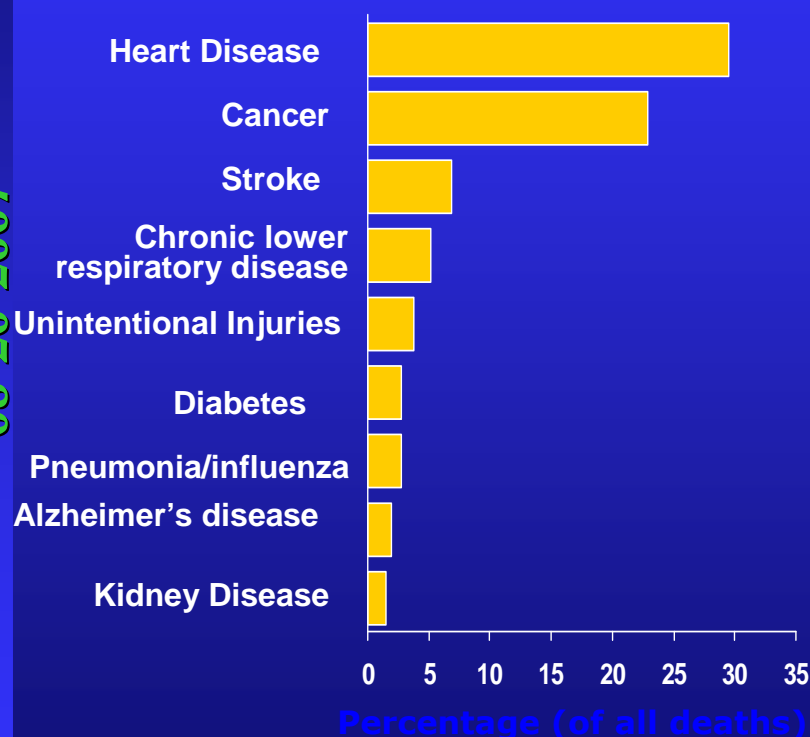
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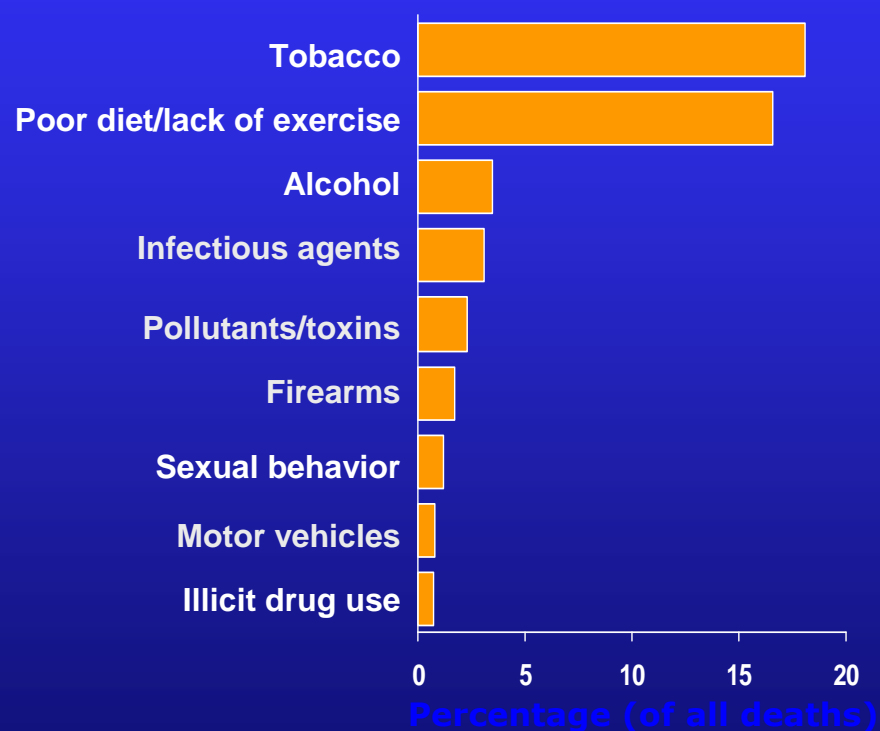
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Causes of Death United States, 2000

Leading Causes of Death*



Actual Causes of Death†



* National Center for Health Statistics. Mortality Report. Hyattsville, MD: US Department of Health and Human Services; 2002

† Adapted from McGinnis Foege, updated by Mokdad et. al.

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Strategy

Many chronic diseases and illnesses can be attributed to **three** modifiable behaviors:

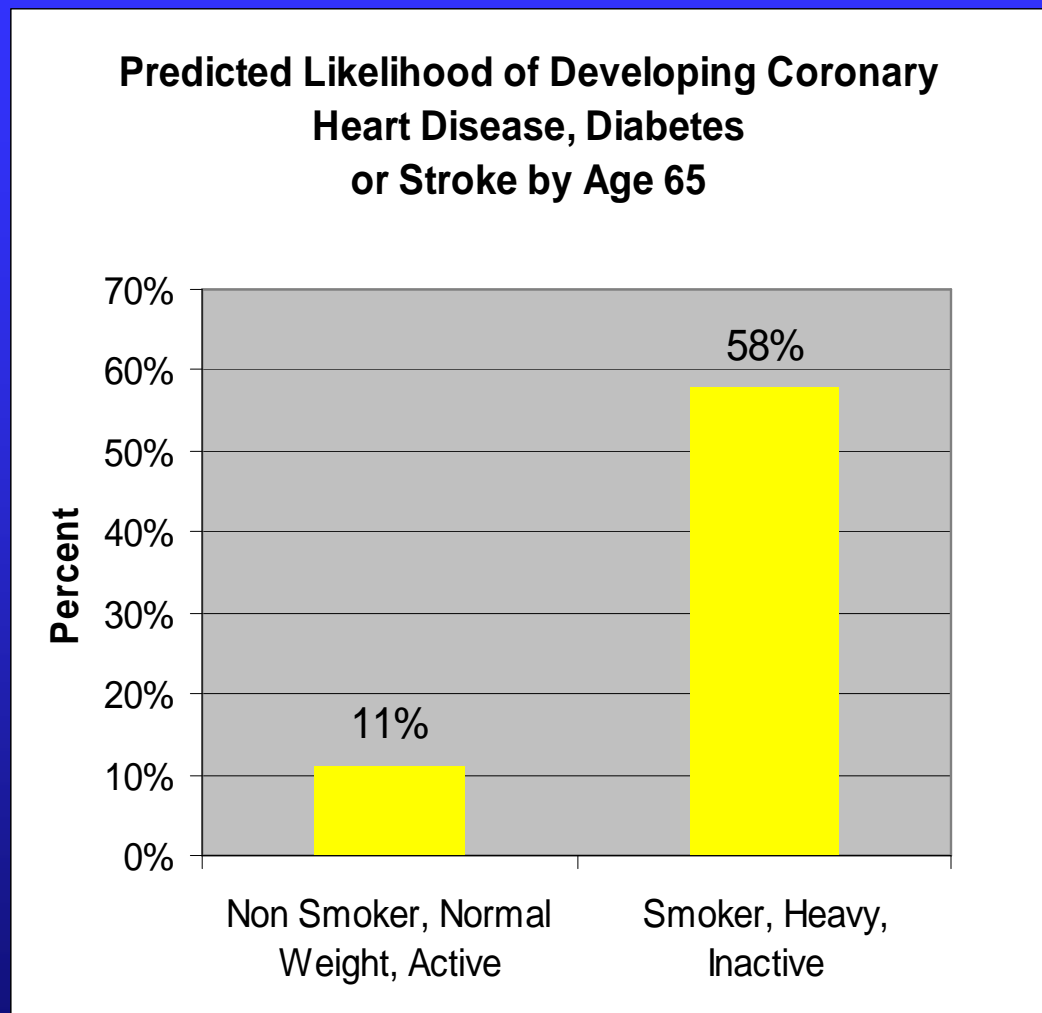
Tobacco use

Lack of physical activity

Poor nutrition

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Source: Jones et al., Arch Intern Medicine, 1998; Vol 2436

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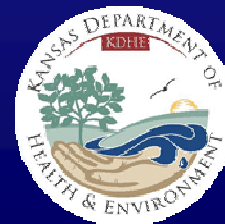


Strategy – Prevention

“An ounce of prevention is
worth a pound of cure”

Henry De Bracton, 1240

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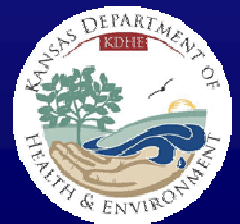


Strategy

A **third** of all U.S. deaths are attributable to **three** modifiable health-damaging behaviors:

- tobacco use – 440,000/yr
- lack of physical activity —→ 365,000/yr
- poor nutrition —→ 365,000/yr

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Strategy - Healthy Kansas

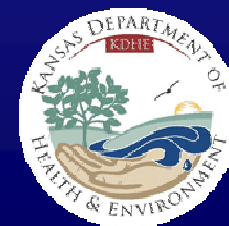
Prevention focus -

- Tobacco use \$927M/yr
- Physical inactivity (obesity)
- Poor nutrition (obesity) → \$657M/yr

Smoking-caused health expenditures, productivity losses, tax burdens
CDC, *Data Highlights 2006*

“State-Level Estimates of Annual Medical Expenditures Attributable to Obesity”, by Eric A. Finkelstein and Ian C. Fiebelkorn, RTI International, and Guijing Wang, CDC, *Journal of Obesity Research* (January 2004).

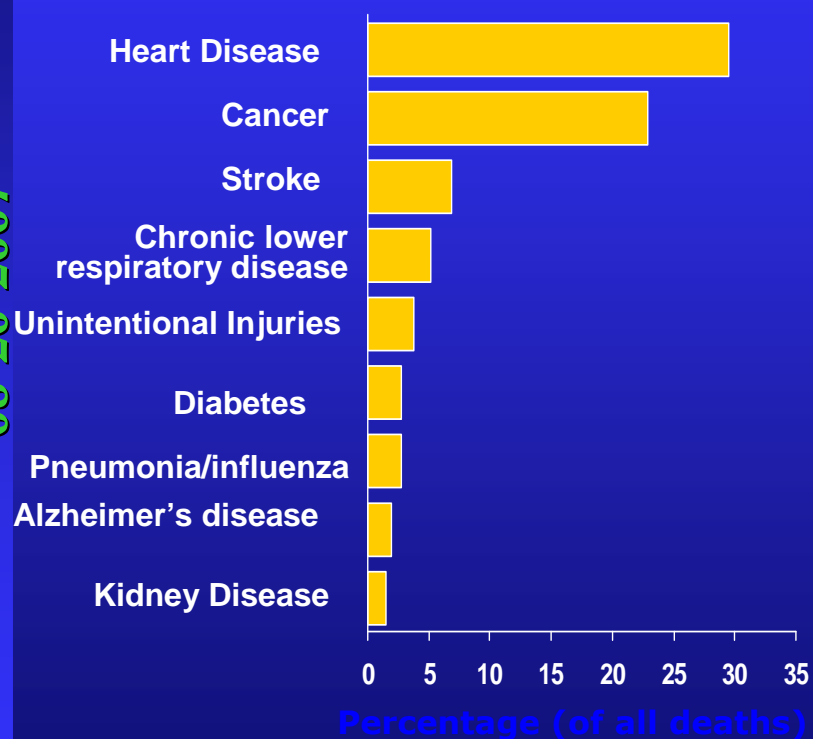
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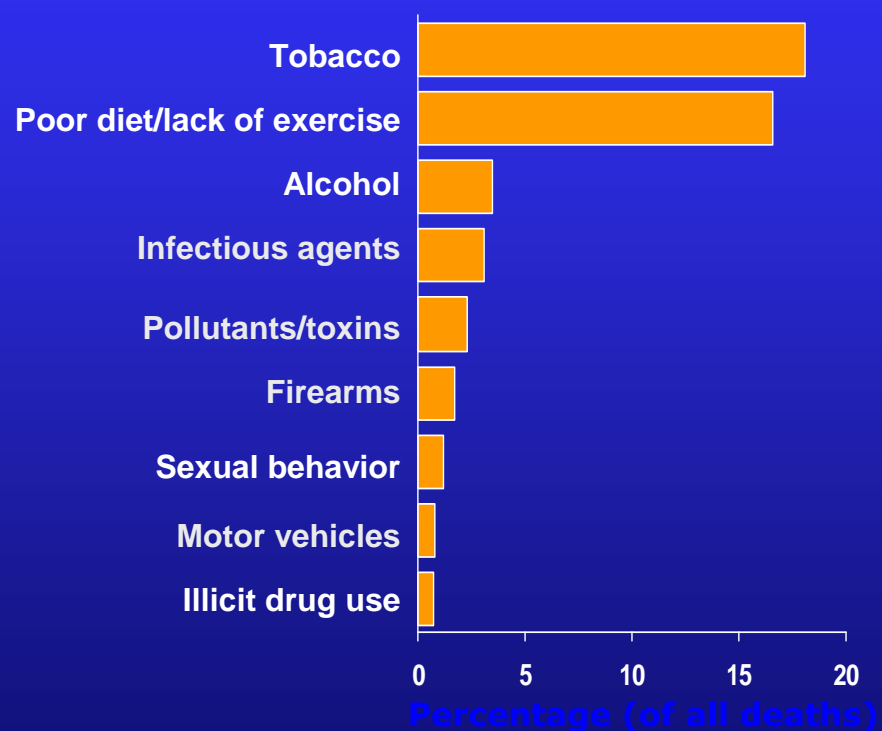
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Causes of Death United States, 2000

Leading Causes of Death*



Actual Causes of Death†



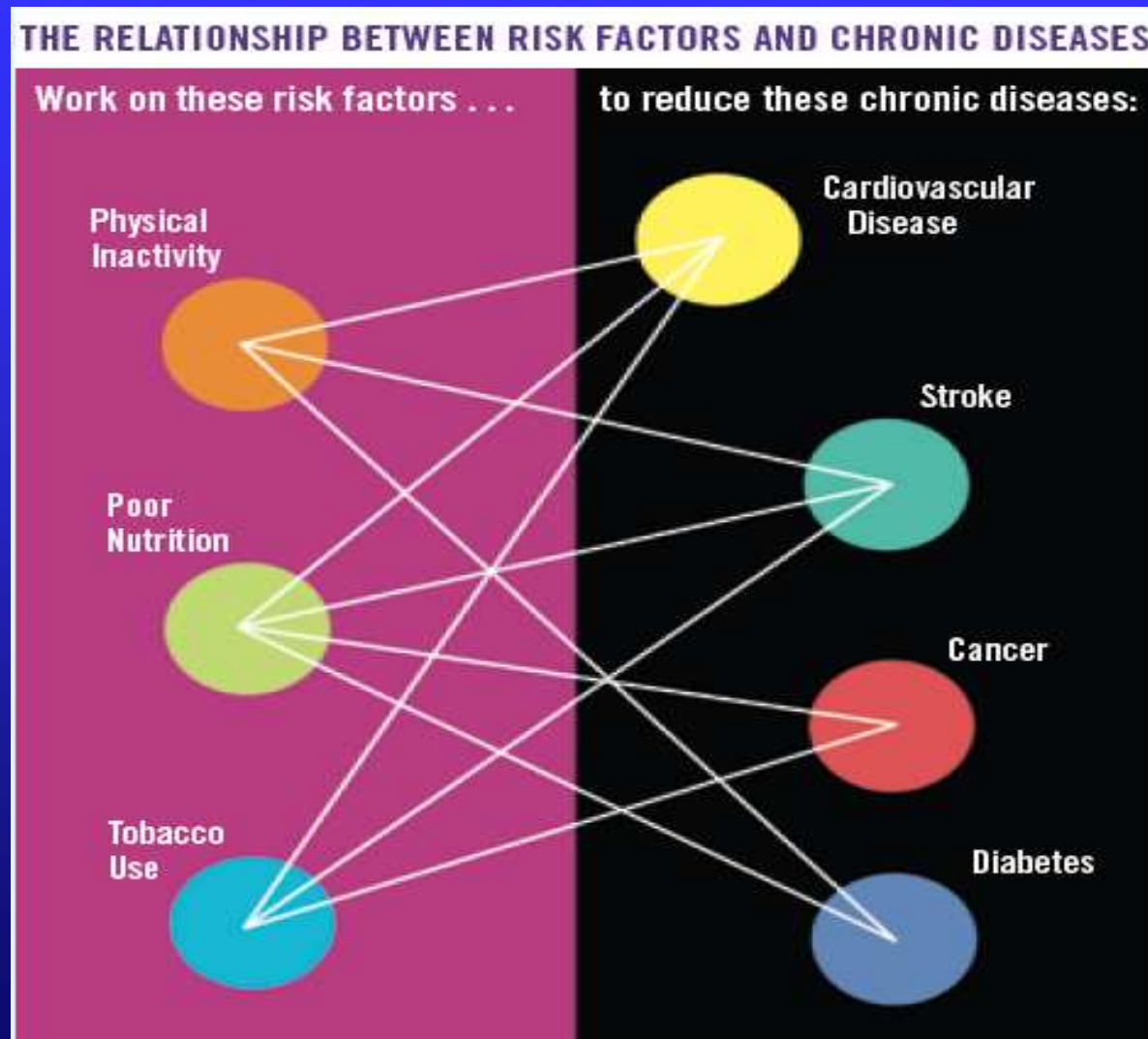
* National Center for Health Statistics. Mortality Report. Hyattsville, MD: US Department of Health and Human Services; 2002

† Adapted from McGinnis Foege, updated by Mokdad et. al.

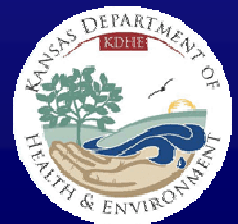
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Strategy



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Strategies - Intervention Sites to Prevent or Treat Chronic Disease

- Medical Settings
- School
- Work Site
- Community



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A roadmap for health promotion and wellness, incorporating community coalition building and private sector partnerships.

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“Working together we can create a **culture** that actively promotes responsible behavior and the adoption of lifestyles conducive to good health.

This is “prevention” in the broadest sense and **necessary** if we are to remain a humane and caring society.”

Larry D. Jecha, M.D., M.P.H.
Former Director/Health Officer
Wichita-Sedgwick County Department of Health

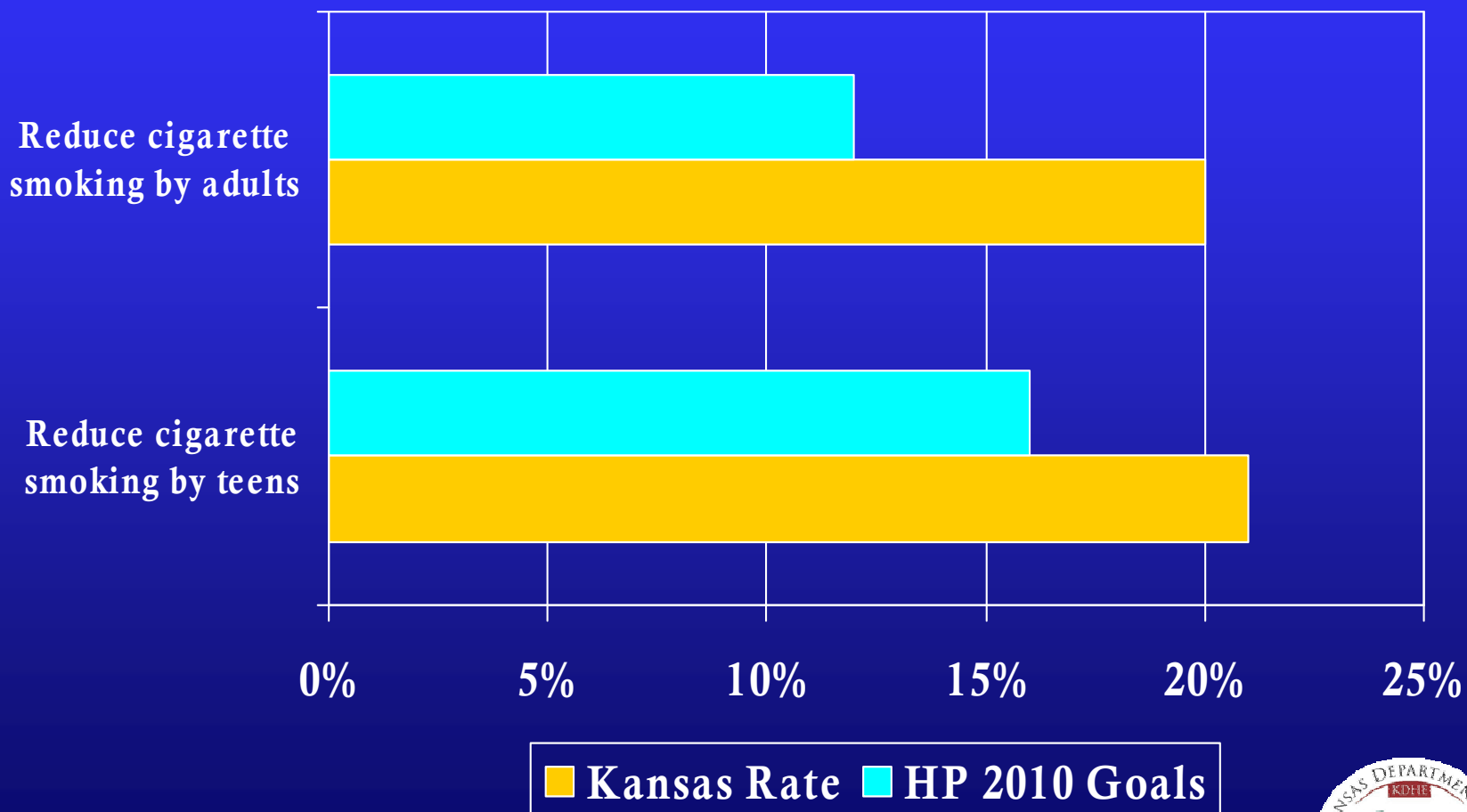
1997

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Healthy Kansas

Healthy People 2010—Tobacco Use

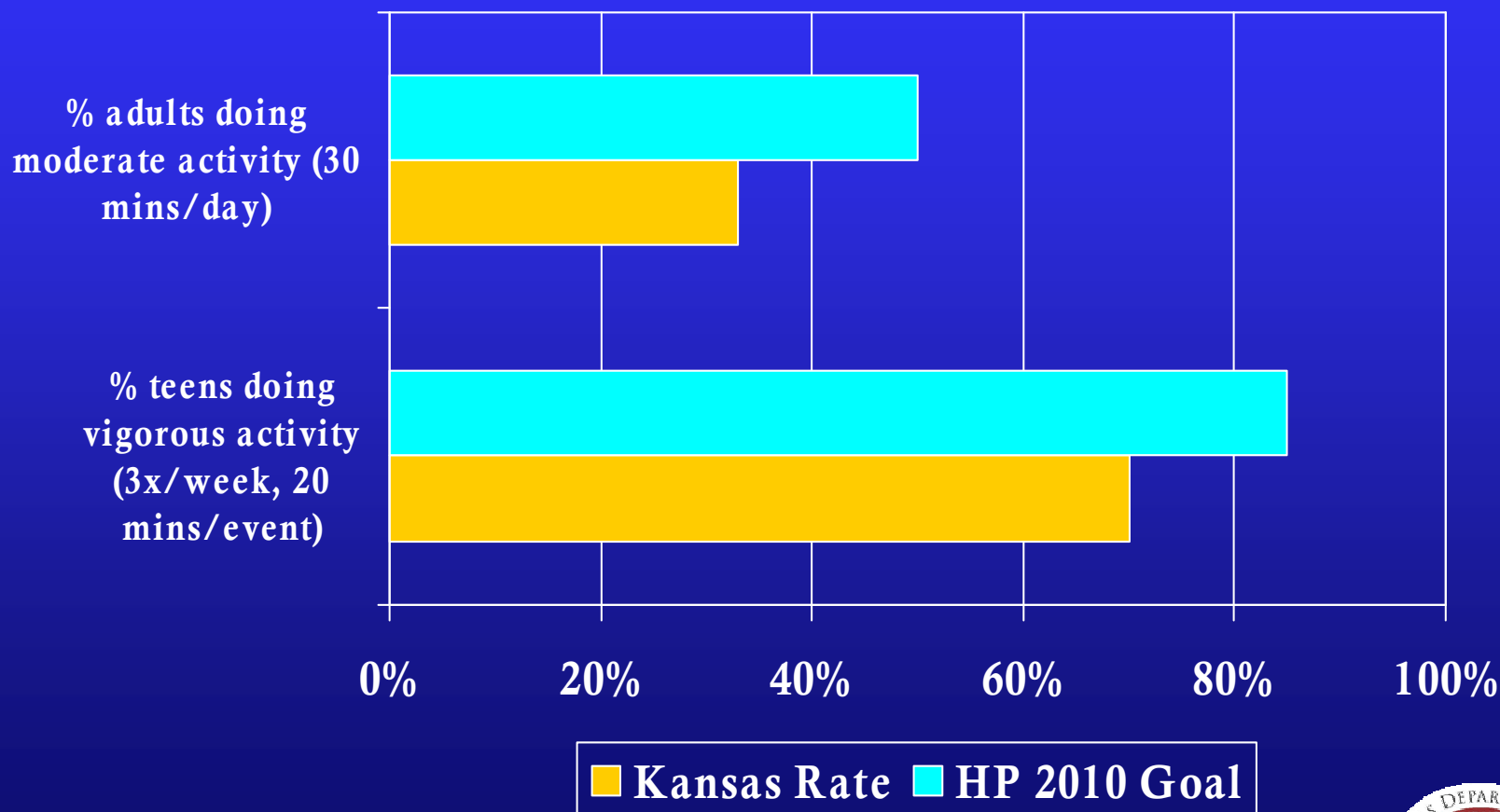


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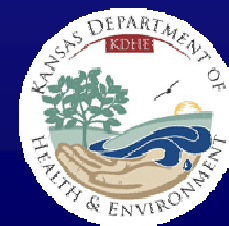


Healthy Kansas

Healthy People 2010—Physical Activity



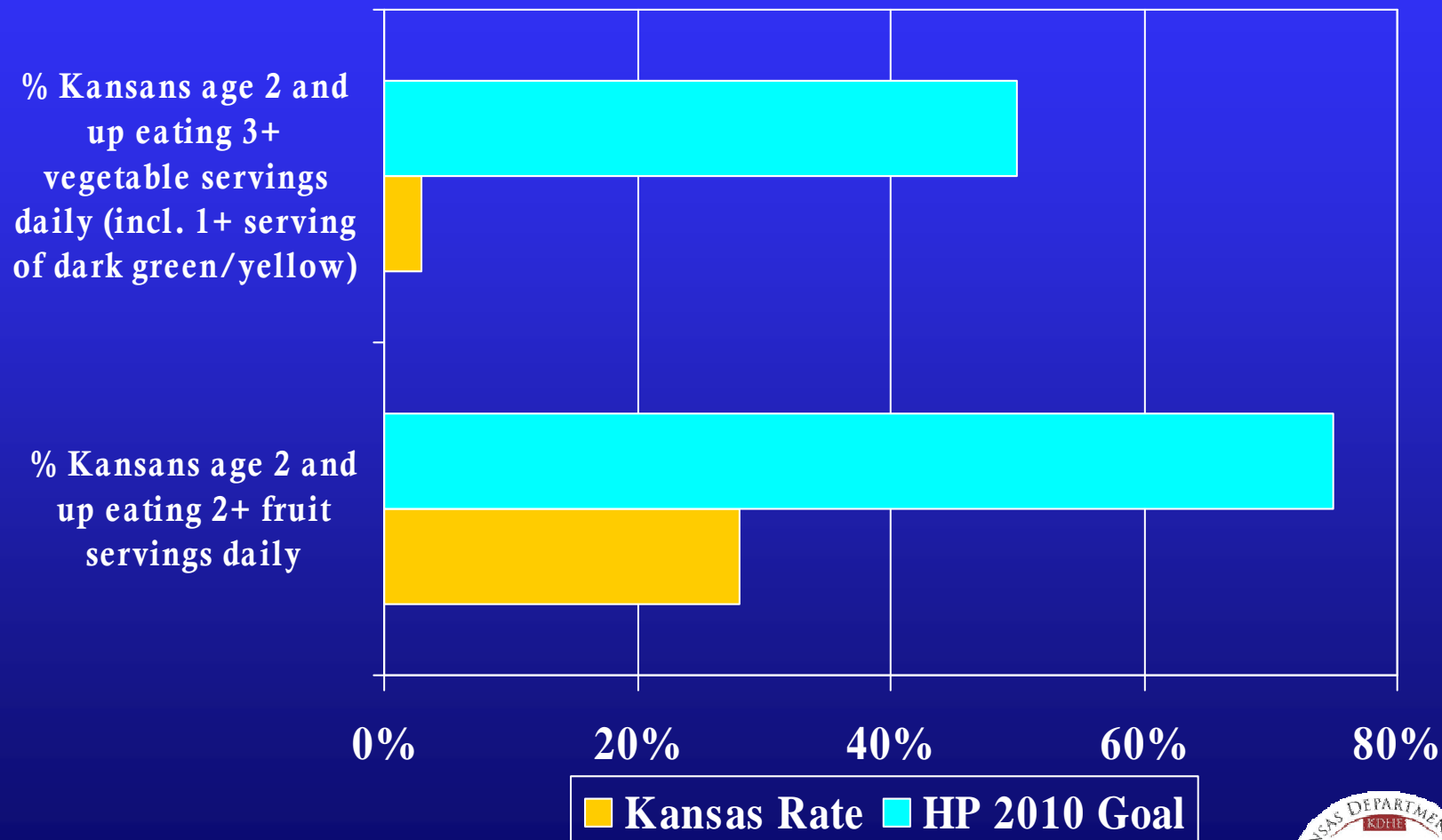
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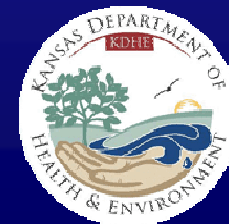
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Healthy Kansas

Healthy People 2010—Nutrition



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Healthy Kansas

Placed Based Strategy -

- Children in schools
- Adults in the workplace
- Kansas seniors in community

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Healthy Kansas – Children in Schools

- Coordinated School Health Initiative Infrastructure – 52 Districts, 224 Schools, 80,736 Children, 39 Counties
 - Voluntary Body Mass Index (BMI) Testing
 - Child Health Advisory Committee
 - School Nutrition and Physical Activity Committees

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Healthy Kansas – Adults in the Workplace

- Formalize workplace wellness program
- Technical Assistance (TA) to other state agencies – HRA program
- Pilot business workplace wellness programs with toolkits and website support

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Healthy Kansas – Seniors in the Community



- With Dept. on Aging (KDOA), provide TA for local wellness programs for seniors
- KDOA STEPS Program (Seniors Together Enjoy Physical Success)
- Expansion of Senior Farmer's Market
- Encourage community gardens

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"It's never too late to reap the benefits of a healthy lifestyle"

- Governor Kathleen Sebelius



Kansas Department on Aging
503 S. Kansas Avenue
Topeka, KS 66603

www.agingkansas.org



A Kansas Department on Aging program funded by
The Sunflower Foundation: Health Care for Kansas

Modeled after "EnhanceFitness" a program of
Senior Services of Seattle/King County

Seniors Together Enjoy Physical Success

As part of the Governor's Healthy Kansas Initiative, the Kansas Department on Aging has implemented an exercise program targeted for seniors over the age of 60, Seniors Together Enjoy Physical Success, or STEPS.

The program, funded by The Sunflower Foundation: Health Care for Kansas, is designed to improve the quality of life for seniors by improving mobility and functioning that helps them maintain their independent lifestyles.

The program will be available in 15 communities over a span of three years.

2006: Oberlin - Gateway Civic Center joining with Golden Age Center
Contact: Connie Graft, (785) 475-2901
Topeka - Downtown YMCA
Contact: Sheryl Hungerford, (785) 334-0391
Great Bend - Central Kansas Medical Center joining with Great Bend Recreation Commission
Contact: Linda Marqueling, (620) 793-3755

2007: Concordia Garden City
Cottonwood Falls Hiawatha
Dodge City Winfield

2008: 4 Sites to be determined

The exercise regimen is offered at different levels to accommodate individual's specific needs. They focus on stretching, improving balance, coordination, and upper and lower extremities strength.

- Anyone over the age of 60 can participate.
- Levels for active older adults and levels safe enough for the frail or near frail.
- No equipment needed.
- Work at your own pace.
- Instructors are nationally certified and trained in fitness for seniors.
- One hour classes offered three times a week.
- Classes begin Spring 2006.

For more information contact:
Your local community contact or
Jennifer Springer at (785) 296-8448
jennifer.springer@ksa.state.ks.us

d sustainable environments.



Healthy Kansas

- Media Campaign – partner with KHF
 - **Change Something !**
- Reactivate Governor's Council on Physical Fitness
- Governor's/Secretary's Awards
 - Fitness Awards (youth focus)
 - **Local Community Health Heroes**
 - Healthy Community Designations
 - **Healthy School Designations**
 - Model Workplace Wellness Sites



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You are your own personal trainer. Change something. - Mozilla Firefox

File Edit View History Bookmarks Tools Help


http://www.changesomething.org/

The Kansas Departme... CNN.com - Breaking N... LJWorld.com | The La... DRUDGE REPORT 2006® Jerusalem Post | Breaki... Yahoo! Healthy Kansans 2010

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why.



how.



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Now: Overcast, 56° F Tue: 70° F 4:41 PM



changesomething.org

"The major influence on our attitudes and behavior is not the media, but rather our contact with other people."

From, "Fostering Sustainable Behavior:
An Introduction to Community-Based
Social Marketing"

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Healthy Kansas

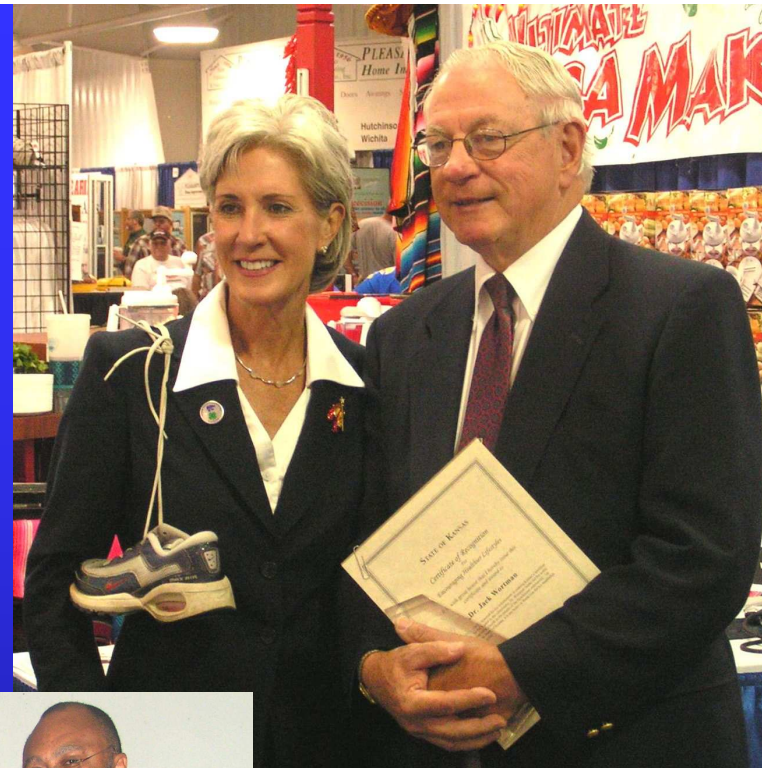
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Kansas Health Policy Authority Board Meeting

08-20-2007



Our Vision – Healthy communities, healthy environments.



Healthy Kansas

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Since May 2006, HealthyKansas has awarded 12 Kansas school districts representing 91 individual school facilities with a HealthySchool flag in recognition of their commitment to creating a healthy learning environment for students.



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Healthy Kansas

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Healthy Kansas - Pledge

- Increase activity level
- Eat healthy
- Stop smoking



YR 1: over 5,000 Kansans

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Measures of Success

- **Short-term** - a process measure

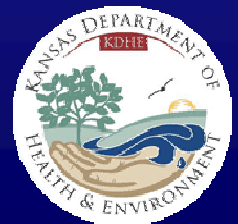
Number of Kansans taking the pledge to

- 1.) reduce/eliminate their tobacco use
- 2.) increase daily consumption of 5 servings of fruits and vegetables, and
- 3.) increase the amount of daily physical activity to at least 30 minutes most days of the week.

- **Intermediate markers** – BRFSS data

- **Long term** – improved health status

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Strategies - Diabetes

- 2006 - 7.3% or 147,000 adult Kansans diagnosed with diabetes
- One of the leading causes of blindness, end stage renal disease and lower extremity amputations
- Almost 50% of the Kansans are at increased risk for diabetes because of risk factors of age, obesity and sedentary lifestyle
- Children born in the year 2000 will face a 1 in 3 chance of developing diabetes at some time in their life
- 2004 - direct and indirect cost of diabetes in Kansas was nearly \$ 1.4 billion

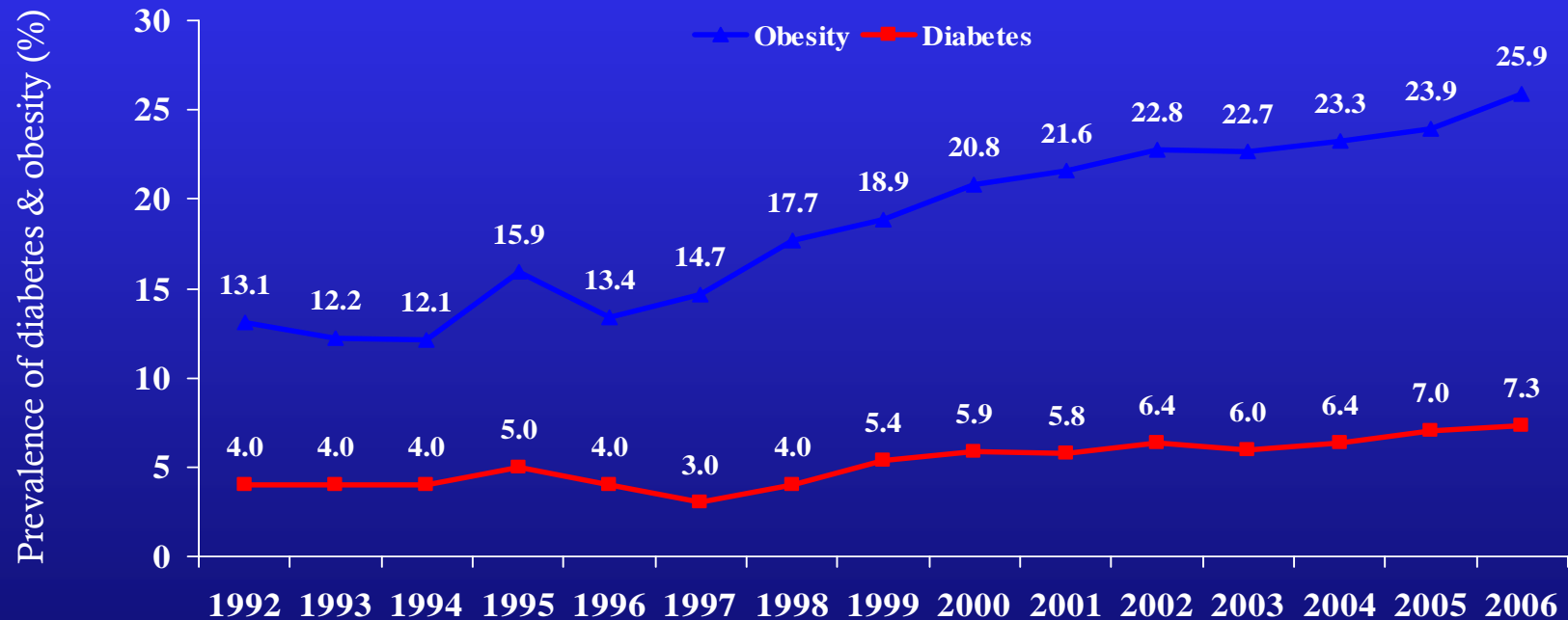
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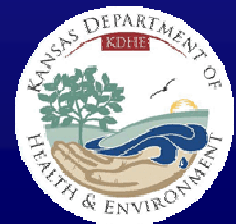
Strategies -

Prevalence and Trend of Diagnosed Diabetes and Obesity Among Adult Kansans (1992-2006)



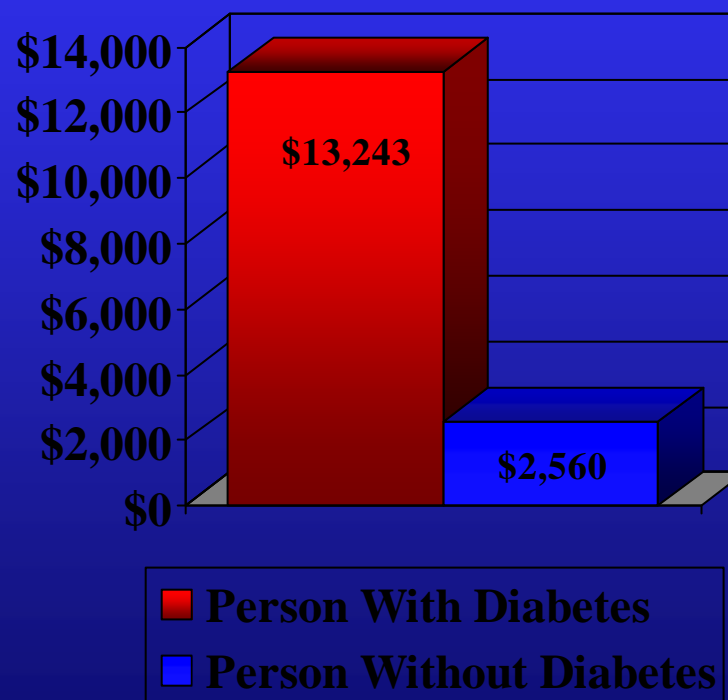
Sources: (Diabetes) 1992-2006 Behavioral Risk Factor Surveillance System, Office of Health Promotion, KDHE
 (Obesity): 1992-2006 Behavioral Risk Factor Surveillance System, Center for Disease Control and Prevention
 Obesity Definition: Individuals with a Body Mass Index (BMI) of 30 or more are considered obese. (CDC). BMI = weight (kg)/height (m²)

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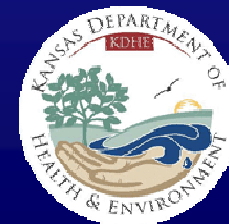
Strategies - Diabetes

*Average Yearly Health Care Cost
United States 2002*



Source: Hogan P etal. Economic Cost of Diabetes in the U.S.in 2002. American Diabetes Association. Diabetes Care. 26: 917-932, 2003.

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Costs Associated with Poorly Controlled Versus Well Controlled Diabetes

<i>A1c Level</i>	<i>Adult with Diabetes</i>	<i>Adult with Diabetes, Hypertension & Heart Disease</i>
6% (normal)	\$8,576	\$38,726
7% (goal)	\$8,954	\$40,230
8%	\$9,555	\$42,467
9%	\$10,424	\$45,557
10%	\$11,629	\$49,673

Source: Gilmer, Todd P, et al. *Diabetes Care* 1997; Vol. 20, No. 12.

Average Medical Care Over 3 Year Period

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Kansas Diabetes Prevention & Control Program Objectives

By 2008, increase the rate of:	
HbA1c test	69.1 % to 83.0 %
Annual foot exam	60.8% to 83.0%
Dilated eye exam	67.5% to 83.0%
Recommended annual pneumococcal immunization	49.3% to 51.6%
Recommended annual influenza immunization	60.7% to 63.5%

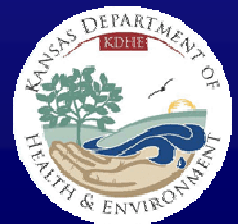
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Project Demographics

- 66 Funded Organizations (2004-2007)
- 45 Funded Organizations (Currently)
- 80 Sites Statewide
- 350+ Participating Health Professionals
- Diverse Organizations

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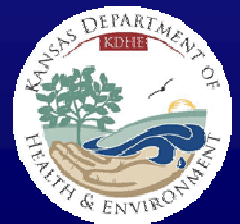


Project Organization Demographics - continued

Types of participating organizations:

- Local Health Departments
- Community Health Clinics
- Safety Net Clinics
- American Indian Health Clinic
- Home Health Agencies
- Hospital Affiliated Practices
- Private Practices
- Farmworker Program
- Promotora Program

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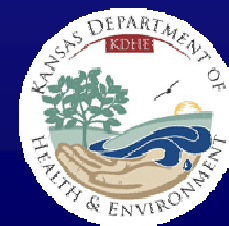


Project Components

First Year-----Process

- Chronic Care Model Training
- Chronic Disease Electronic Management System (CDEMS) Training
- Data Entry and Analysis
- Quarterly Reports
- Office Protocol Development Encouraged
- Diabetes Teams Encouraged
- Regular Team Meetings Encouraged
- Monthly Conference Calls
- Site Visits

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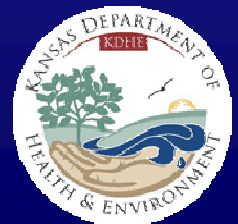


Project Components

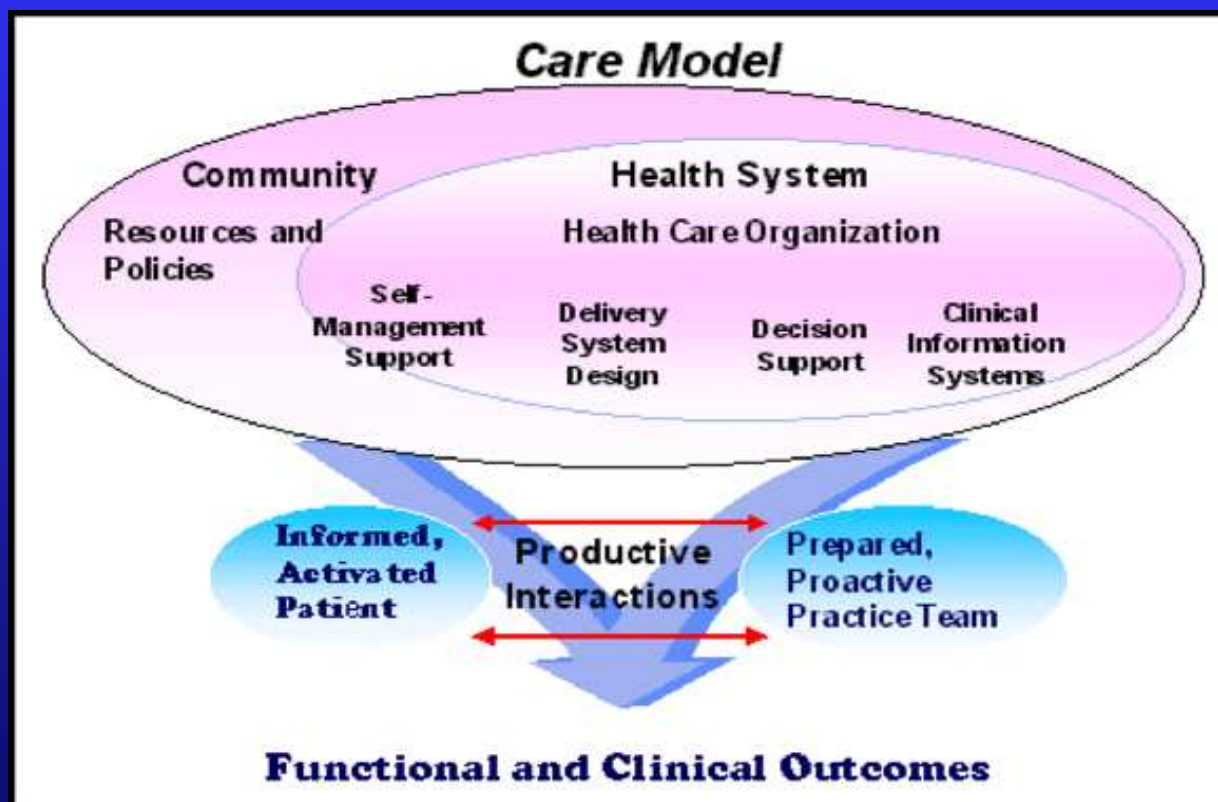
Second Year-----Outcomes

- Advanced CDEMS Training
- Advanced Data Analysis
- Diabetes Teams Established
- Regular Team Meetings Documented
- Office Protocols Implemented
- Monthly Conference Calls
- Improved Quality of Care Measures

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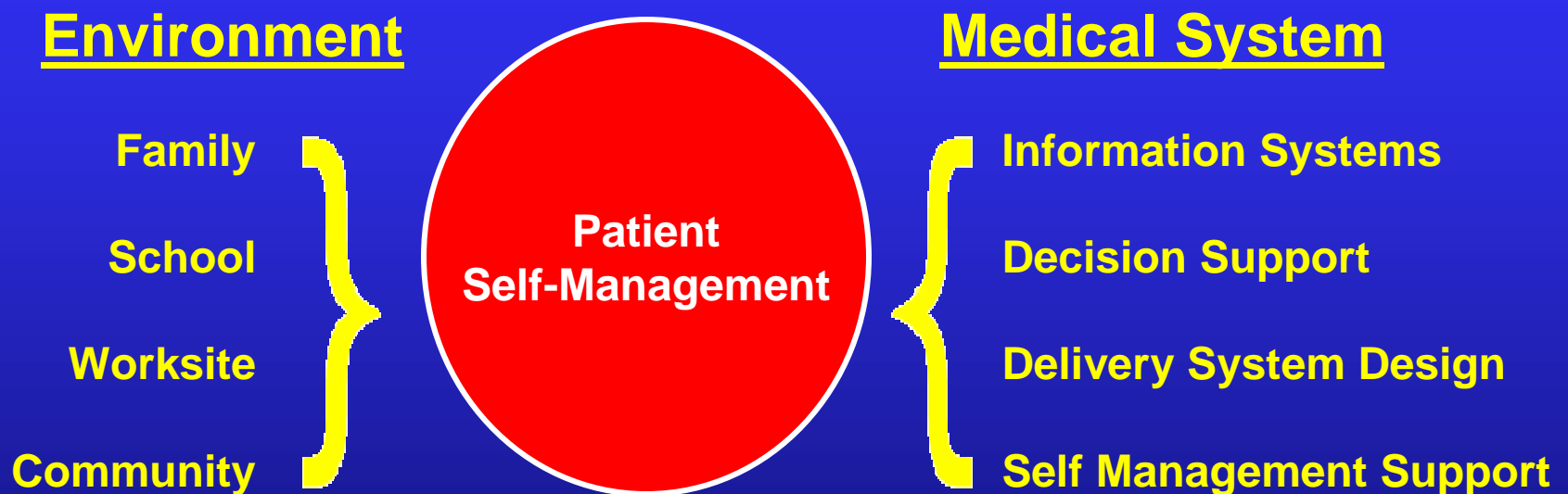
The Chronic Care Model



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The Chronic Care Model



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Chronic Care Model Components

- Health Care Organization
- Delivery System Design
- Decision Support
- Self-Management Support
- Community Resources
- Clinical Information System

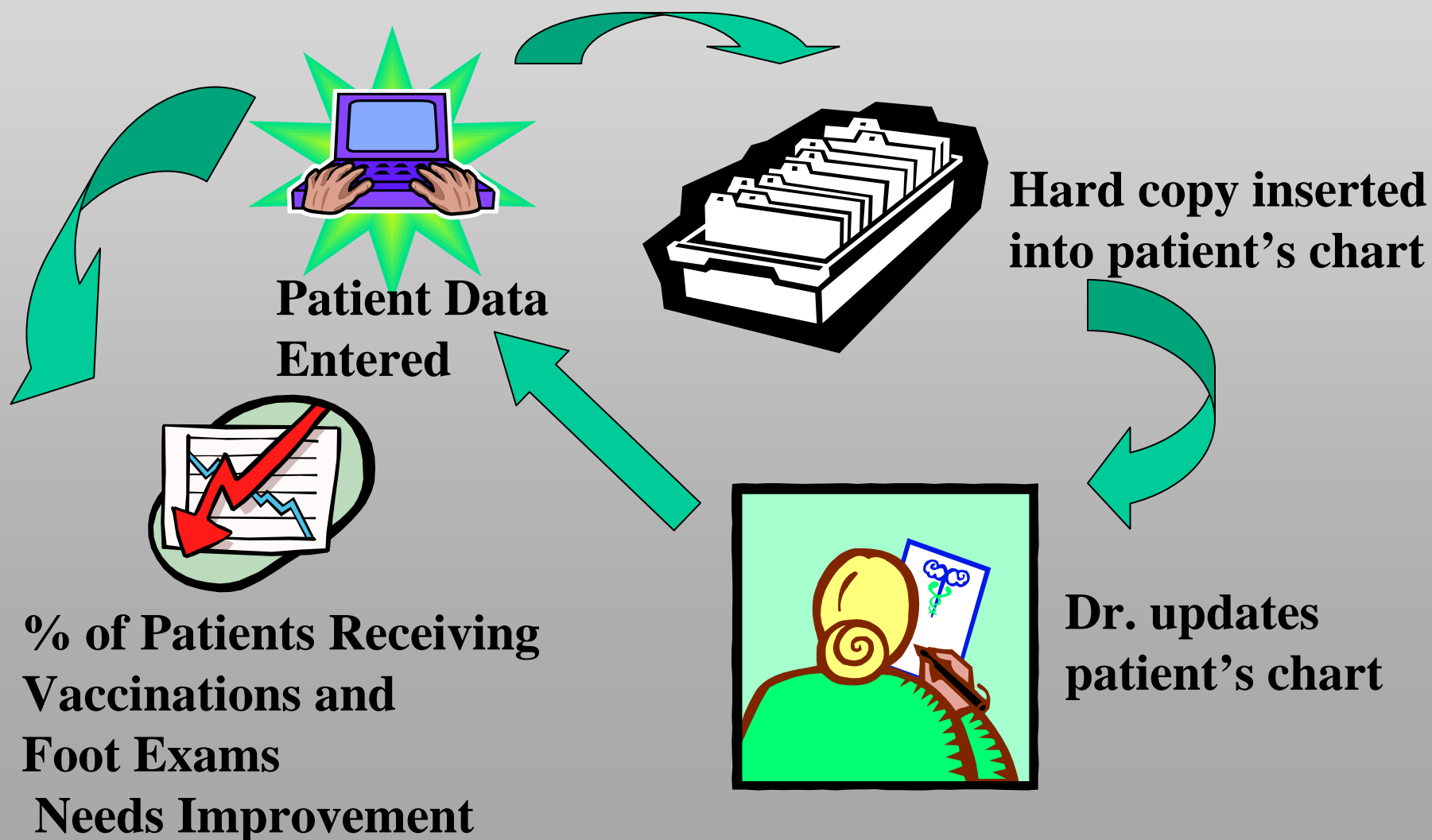
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CDEMS

How does it work?



First Year Outcomes

<i>Health Care Organization</i>			
Outcomes	1st quarter	4 th quarter	% change
Quantifiable goals for quality of care provided to Patients	45%	66%	46%
Holding routine diabetes team meetings	42%	60%	42%

Organizations Checking Yes on the Quarterly Office Self-Assessment Form

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First Year Outcomes Cont'd....

<i>Delivery System Design</i>			
Outcomes	1st quarter	4 th quarter	% change
Routinely ask patients to remove socks and shoes before exam	39%	69%	76%
Non-physician staff allowed to do foot exam	36%	39%	8%
All patients scheduled for follow-up	60%	60%	-
Non-physician staff empowered to order overdue labs	36%	54%	50%
Non-physician staff empowered to administer flu and pneumonia vaccinations	48%	57%	18%

Organizations Checking Yes on the Quarterly Office Self-Assessment Form

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First Year Outcomes Cont'd....

<i>Decision Support</i>			
Outcomes	1st quarter	4 th quarter	% change
CDEMS used to make decisions about needed care for patients	36%	54%	50%
<i>Self-management Support</i>			
Outcomes	1st quarter	4 th quarter	% change
Patients routinely know their targets for blood pressure, finger stick blood sugar, and HbA1	18%	54%	200%
Provide resources for patients to allow them to be full partners in their care	42%	69%	64%

Organizations Checking Yes on the Quarterly Office Self-Assessment Form

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First Year Outcomes Cont'd....

<i>Community Resources</i>			
Outcomes	1st quarter	4 th quarter	% change
Develop partnerships in the community for referral	39%	51%	30%
<i>Clinical Information Systems</i>			
Outcomes	1st quarter	4 th quarter	% change
Use CDEMS to record patients with eye exams, foot exams, HbA1c, flu and pneumonia vaccinations	45%	75%	66%
Use CDEMS as a reminder system to prompt when a patient is due for labs or visit	27%	42%	55%

Organizations Checking Yes on the Quarterly Office Self-Assessment Form

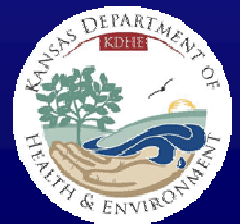
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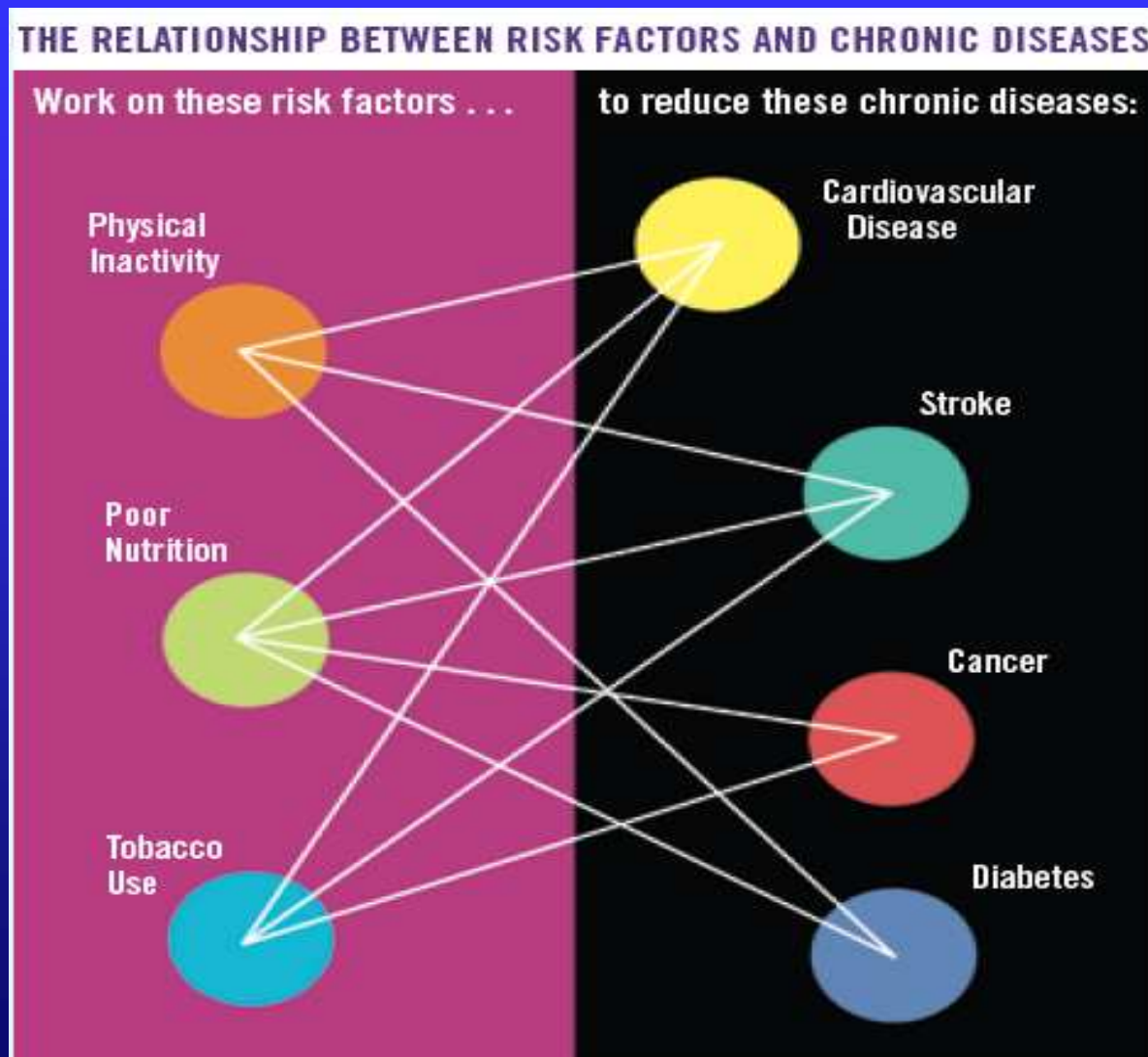
Project Direction

- Continue to add organizations
- Provide technical assistance to practices to further improvements in diabetes indicators
- Collaborate with other chronic disease programs (Hypertension quality of care project)
- Explore collecting primary prevention data
- Explore interfacing CDEMS with EHR

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Strategy



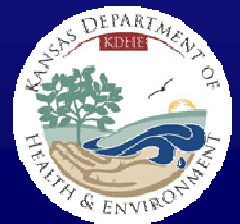
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Proposals: Tobacco Control

- Statewide ban on smoking in public places.
- Counseling services for tobacco cessation.
- State agency meeting policy
- Health impact fee.

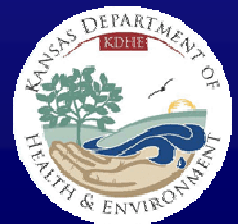
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Proposals: Physical Activity

- Strengthen the physical education and physical activity requirements for all elementary and middle schools in Kansas.
- Comprehensive coordinated school health program.

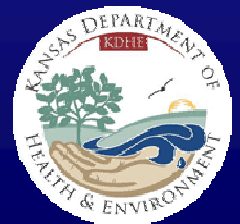
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Proposal: Nutrition

- Competitive food restriction in schools.

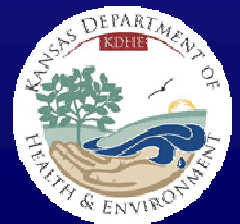
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Proposals: Obesity

- Meeting policies.
- Surveillance of body weight among Kansas children.

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Proposals: Additional Prevention Initiatives

- Enhanced cancer screening – breast, cervical, prostate, and colorectal.
- Incentives for comprehensive workplace wellness programs.
- Community health improvement programs (grants to local health departments).

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View of Mt. Everest from Goyko Rei, Nepal



“We shall go to the moon, and do the other things, not because it’s easy, but **because it’s hard**. We sail on this new sea because there is **new knowledge to be gained** and new rights to be won, and they must be won and used for the progress of all people.”

President John F. Kennedy

“This New Ocean” - 9/62

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"No one will thank you
for taking care of the present
if you have neglected the future."

Joel Barker
Futurist

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